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New approach to cholera in Haiti

Report of the Secretary-General

Summary

On 19 August 2016, the former Secretary-General announced a new approach by the United Nations to cholera in Haiti. The new approach has two tracks. Track 1 involves intensifying the Organization's support to reduce and ultimately end the transmission of cholera, improve access to care and treatment and address the longer-term issues of water, sanitation and health systems in Haiti. Track 2 involves developing a package of material assistance and support for those Haitians most directly affected by cholera. These efforts must include, as a central focus, the victims of the disease and their families. The former Secretary-General urged Member States to demonstrate their solidarity with the people of Haiti by increasing their contributions to eliminate cholera and provide assistance to those affected.

In its resolution 71/161, adopted on 16 December 2016, the General Assembly recognized that the United Nations had a moral responsibility to the victims of the cholera epidemic in Haiti, as well as to support Haiti in overcoming the epidemic and building sound water, sanitation and health systems, welcomed the new approach and called upon all Member States, relevant United Nations bodies and other international governmental and non-governmental partners to provide their full support to the new approach, in particular to intensify their efforts to respond to and eliminate cholera and to address the suffering of its victims, including by providing material assistance and support to communities and those Haitians most directly affected by cholera. The Assembly requested the Secretary-General to submit a further report for consideration at its resumed seventy-first session.

Pursuant to that request, the present report provides updated information on the incidence of suspected cholera cases in Haiti and on the further development and implementation of the new approach.

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The Secretary-General urges Member States to provide their full support to the new approach to control and eliminate cholera in Haiti and provide material assistance and support.

I. Introduction

1. The United Nations new approach is intended to intensify efforts to eliminate cholera from Haiti, catalyse action to upgrade water and sanitation systems in order to ensure that all Haitians have access to clean drinking water and sanitation, and provide material assistance and support to those Haitians most directly affected by cholera. The new approach is consistent with the core values of the Organization and with the Sustainable Development Goals.

2. The new approach has two tracks. Track 1 comprises two aspects. Track 1A consists of a greatly intensified effort to respond to and reduce the incidence of cholera in Haiti. The aim is to ensure that those who contract cholera receive prompt medical attention to prevent further deaths and to take measures to reduce the incidence of cholera in Haiti. Track 1B consists of mobilizing an international effort to improve water and sanitation systems in order to eliminate cholera in Haiti. Those steps, in addition to eliminating cholera in the long term, are essential to the achievement of many of the Sustainable Development Goals in Haiti, especially Goal 6, to ensure the availability and sustainable management of water and sanitation for all.

3. Track 2 consists of a package of material assistance and support for those Haitians most directly affected by cholera, centred on the victims and their families and communities. It represents a specific and tangible expression of the Organization's recognition and acknowledgement of the suffering that the Haitian people have endured as a result of cholera. It is aimed at providing a meaningful response to the impact of cholera on individuals, families and communities.

4. On 1 December 2016, the former Secretary-General presented his report on the new approach to cholera in Haiti (A/71/620) to the General Assembly. He also apologized to the Haitian people on behalf of the United Nations. He stated that the Organization simply had not done enough with regard to the cholera outbreak and its spread in Haiti and that it was profoundly sorry for its role.

5. In its resolution 71/161, adopted on 16 December 2016, the General Assembly recognized that the United Nations had a moral responsibility to the victims of the cholera epidemic in Haiti, as well as to support Haiti in overcoming the epidemic and building sound water, sanitation and health systems. The Assembly welcomed the new approach and called upon all Member States, relevant United Nations bodies and other international governmental and non-governmental partners to provide their full support to the new approach, in particular to intensify their efforts to respond to and eliminate cholera and to address the suffering of its victims, including by providing material assistance and support to communities and those Haitians most directly affected by cholera.

6. The apology by the former Secretary-General on behalf of the United Nations generated considerable goodwill in Haiti. The United Nations must demonstrate its intention to implement the new approach or risk dissipating this goodwill.

7. As set out in the report of the Secretary-General to the Security Council on the United Nations Stabilization Mission in Haiti (MINUSTAH) (S/2017/223), the return to constitutional order and a continued period of political stability ahead in Haiti offer the opportunity for the country to move from economic fragility to sustainable growth and development, with significant assistance from the international community in support of national efforts to implement the 2030 Agenda for Sustainable Development and the United Nations Sustainable Development Framework for Haiti for the period 2017-2021.

II. Update on the incidence of cholera in Haiti

8. As set out in the first report on the new approach (A/71/620), the first case of suspected cholera was reported on 21 October 2010 in the Artibonite department. Cholera causes severe, acute, dehydrating diarrhoea that can kill children and adults in less than 12 hours. It is the result of infection by a pathogenic strain of the bacterium *Vibrio cholerae*, which is capable of producing a potent toxin known as cholera toxin. Depending on the severity of the infection, cholera may be treated with oral rehydration salts, intravenous fluids and/or antibiotics. The case fatality rate in a well-managed cholera outbreak should be less than 1 per cent.

9. The table illustrates the incidence of suspected cholera cases in Haiti between October 2010 and April 2017.

Incidence of suspected cholera cases in Haiti between October 2010 and April 2017

Year	*Population*	*Suspected cholera cases*	*Hospitalized cases*	*Deaths in hospitals*	*Deaths not in hospitals*	*Total deaths*	*Fatality rate in hospitals (percentage)*	*Incidence rate (per 1,000)*
2010 (October-December)	10 085 214	185 210	103 728	2 521	1 430	3 951	2.43	18.36
2011	10 248 306	352 033	186 673	1 950	977	2 927	1.04	34.35
2012	10 413 211	101 503	61 877	597	311	908	0.96	9.75
2013	10 579 230	58 574	37 649	403	184	587	1.07	5.54
2014	10 745 665	27 392	19 476	209	88	297	1.07	2.55
2015	10 911 819	36 045	29 642	224	98	322	0.76	3.3
2016	11 078 033	41 421	33 837	307	140	447	0.91	3.74
2017 (1 January to 8 April)	12 201 437	4 871	3 848	47	22	69	1.22	0.4
Total		**807 049**	**476 730**	**6 258**	**3 250**	**9 508**		

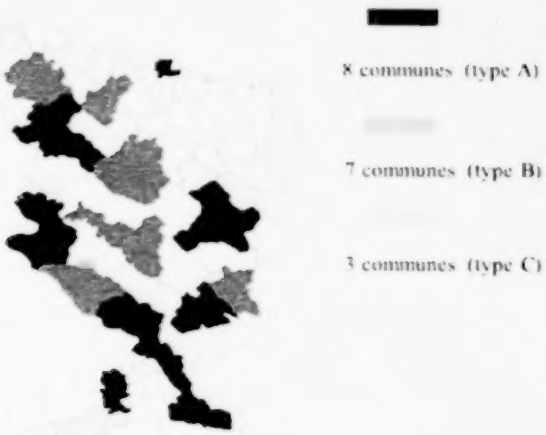
Source: Ministry of Public Health and Population of Haiti.

10. The number of suspected cholera cases increased in 2016, owing largely to a spike in suspected cases in the south in the three weeks following Hurricane Matthew. The number has since declined significantly as a result of the great improvement since September 2016 in the organization of the intensified cholera control efforts, made possible by the provision of additional resources for Track 1A. It is critical that the intensified cholera control efforts be maintained throughout the period 2017-2018 in order to save lives and reduce the transmission of cholera to fewer than 10,000 suspected cases per year by the end of 2018.

11. Although suspected cholera cases continue to be reported throughout the country, the main burden continues to be in the Nord, Artibonite, Ouest and Centre departments. The Ministry of Public Health and Population has classified the affected communes in these departments into three categories. Type A communes have shown a high persistence of the disease in the past two years (presence of cholera for more than 50 per cent of the year). They are urban areas with sanitary conditions favourable to the transmission of the disease, significant communication or commercial factors (seaports or highways) and important food markets. Type B communes have shown a medium persistence of the disease (25 to 50 per cent of the year) and have significant transmission factors (highways or markets). Type C communes have shown a medium persistence of the disease (25 to 50 per cent of the year) and have limited transmission factors as these communes are at the end of the highway. According to the Ministry's medium-term elimination plan published in August 2016, the suspected cases are concentrated in eight type A urban or

peri-urban communes (high persistence "hotspots"), seven type B communes and three type C communes (see figure I).

Figure I
Priority communes in Haiti: cholera persistence, April 2014 to March 2016



Source: Ministry of Public Health and Population of Haiti.

III. New approach: Track 1

12. It is important to recall that the intensification of efforts to eliminate cholera from Haiti is widely acknowledged, in particular by Haitians themselves, as the most important contribution that the United Nations can make to supporting Haiti (see A/71/620, para. 25).

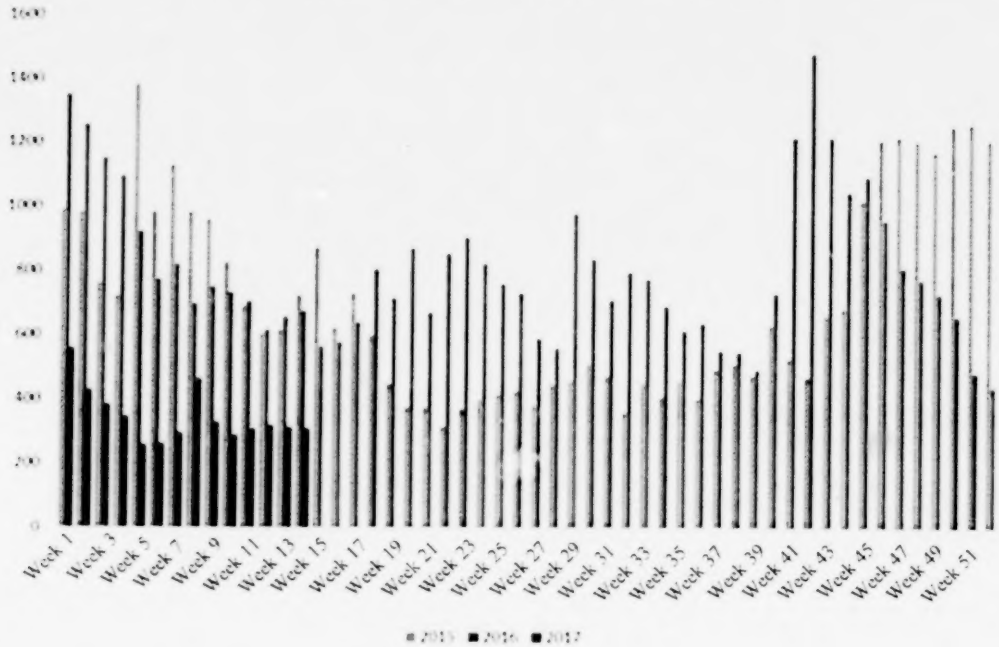
A. Track 1A

13. Track 1A, which is intensive cholera control to treat and limit the spread of the disease, involves five elements: rapid response teams, immediate treatment of those who contract cholera, measures to avoid the spread of cholera, chlorination of water and oral cholera vaccination.

14. The objective of Track 1A is to reduce the incidence of cholera to fewer than 10,000 suspected cases per year by the end of 2018.

15. The United Nations Children's Fund (UNICEF) and the Pan American Health Organization/World Health Organization (PAHO/WHO), working with the Ministry of Public Health and Population of Haiti, have intensified their work on cholera response and, as a result, the overall incidence of suspected cholera cases has continued to decline in 2017. As shown in figure II, since epidemiological week 3 of 2017, the weekly incidence has been mostly between 200 and 400 suspected cases.

Figure II
New suspected cases between 2015 and epidemiological week 14 of 2017



Source: Ministry of Public Health and Population of Haiti.

16. The Government of Haiti, UNICEF and partners are currently responsible for 88 rapid response teams operating throughout Haiti. These teams are composed of emergency response teams from the Ministry of Public Health and Population working with international non-governmental organizations (NGOs). When information is received regarding a suspected cholera case, teams are dispatched within 48 hours to offer treatment to the affected person; disinfect the immediate household and neighbouring households; distribute water treatment products and water storage items to households; conduct hygiene promotion activities at health facilities and for families and communities; supply oral rehydration salts and soap and conduct systematic post-distribution monitoring; install temporary water chlorination points in locations where test results are positive; assist the Government in checking chlorination levels in water systems and support the chlorination of water; and undertake rapid small-scale repairs of water systems.

17. In mid-November 2016, PAHO/WHO and UNICEF helped to launch a single-dose oral cholera vaccination campaign covering 769,990 persons in the Grand-Anse and Sud departments, which were the areas most affected by Hurricane Matthew. The Ministry of Public Health and Population and its partners also intensified their implementation efforts in relation to water and sanitation for health in these departments in the weeks immediately following Hurricane Matthew. PAHO/WHO donated 8.35 tons of chlorine (high-test hypochlorite 70 per cent) to the National Directorate for Water Supply and Sanitation and three departmental health directorates for the Hurricane Matthew response to ensure safe drinking water for the vulnerable population.

18. Best practice for the management of a cholera outbreak includes rapid response and effective treatment, treatment of water supplies and vaccination. All

these interventions were applied in the affected areas following Hurricane Matthew. In view of the extremely vulnerable situation at that time, expert analysis suggests that the single-dose oral cholera vaccination campaign helped to protect the at-risk population.

19. The Ministry of Public Health and Population aims to vaccinate the entire population by 2020, provided that sufficient vaccine stock is available. The Global Alliance for Vaccines and Immunization continues to support the oral cholera vaccine stockpile from which the vaccine would be provided. In 2017, the Ministry plans to implement a two-dose oral cholera vaccination campaign for 2.8 million people residing in the Centre, lower Artibonite and Ouest departments, as well as provide a second dose for the 769,990 persons who received a single dose in the Grand-Anse and Sud departments. The Ministry plans to administer a total of 6.6 million doses of the oral cholera vaccine in 2017. Subsequently, the campaign will target 3.3 million people from the Nord-Ouest, Nord, Nord-Est and upper Artibonite departments in 2018; 3.6 million people from the Ouest department in 2019; and 3 million people from the southern peninsula departments of Grand-Anse, Sud, Nippes and Sud-Est in 2020. The United Nations, through PAHO/WHO and UNICEF, expects to work with and support the Government (Ministry of Public Health and Population) on the implementation of this plan once sufficient funding to acquire and administer the vaccine becomes available. UNICEF would also assist the National Directorate for Water Supply and Sanitation with complementary water treatment and chlorination activities at the household level to improve the efficacy of the vaccination campaign.

20. It is estimated that the cost of maintaining the Track 1A intensified cholera control, prevention and support efforts throughout 2017 is $76.1 million, disaggregated as follows: rapid response ($12.1 million); cholera health-care services ($10.5 million); coordination and surveillance ($3.5 million); cholera education ($4 million); cholera vaccination ($19.5 million); and water and sanitation initiatives in key communes ($26.5 million).

21. UNICEF requires $23 million to maintain all elements of its intensified cholera response in 2017. It has mobilized $10.3 million, consisting of a Central Emergency Response Fund loan of $8 million, $1.3 million from Japan and $1 million pledged from Canada, which will allow it to continue its intensified efforts until the third quarter. UNICEF will also receive $500,000 from the United Nations Haiti Cholera Response Multi-Partner Trust Fund, as set out in paragraph 26 below (see section VII for detailed information on the establishment of the Trust Fund). There is, however, a funding gap of some $12.2 million until the end of the year. It is also necessary to locate an additional $8 million with which to repay the Central Emergency Response Fund.

22. PAHO/WHO no longer has resources available for the medical and health aspects of the intensified cholera response as a result of the withdrawal of donor funding. It is seeking $14 million for 2017, not including vaccination activities. Emergency medical needs for 2017 amount to $4.5 million. It has received $190,000 from Canada and will receive $1.5 million from the United Nations Haiti Cholera Response Multi-Partner Trust Fund, as set out in paragraph 27 below, leaving a shortfall of some $2.8 million.

23. The total estimated cost of the oral cholera vaccination campaigns, which include vaccines, logistics and household-level water treatment, will be $19.5 million in 2017. PAHO/WHO has mobilized almost $1 million for the second round, since Hurricane Matthew, of cholera vaccination in the south, which will begin on 5 May; however, an additional $18.5 million for 2017 and $14.8 million for 2018 will be needed to cover the total cost of $34.3 million over the two years.

24. In sum, not including vaccination, UNICEF and PAHO/WHO face a funding gap of some $15 million in 2017. If such an amount is not secured, the gains of the intensified cholera response to date will be reversed, and it is very likely that the outbreak will intensify and potentially spread to other parts of the country, causing further suffering among the population and a significant setback in the elimination plans.

25. Project proposals submitted by UNICEF and PAHO/WHO were approved for funding by the Chair of the United Nations Haiti Cholera Response Multi-Partner Trust Fund, in consultation with the Advisory Committee of the Trust Fund, at its first meeting, held on 20 April 2017.

26. UNICEF was granted $500,000 from the Trust Fund for a project to support cholera control and contribute to stopping the transmission of cholera in Haiti. The project, focused on the four departments where the heaviest burden of cholera continues to fall, namely Nord, Centre, Artibonite and Ouest, runs from April to 31 December 2017 and is aligned with the Government's medium-term cholera elimination plan.

27. PAHO/WHO was granted $1.5 million from the Trust Fund for a project to reduce the overall institutional mortality rate from cholera. The project, focused on ensuring good-quality medical care management to adequately treat suspected cholera cases and supporting the epidemiological system to better respond rapidly to cholera alerts and notifications, runs from April 2017 to March 2018.

28. Owing to the unpredictability of the disease dynamics, it is difficult to anticipate the needs for 2018. According to the medium-term elimination plan, at least $35 million (similar to the amount for 2017) will be required for 2018 to maintain the response capacity and limit the risk of a future spike in the disease.

29. Additional cholera-related water and sanitation work has been carried out by MINUSTAH through quick-impact projects, which have been identified as contributing to the implementation of the new approach.

30. The United Nations Development Programme (UNDP) is engaging with partners in efforts to combat cholera, given that the disease aggravates economic and social inequalities and could affect expected progress in inclusive growth. It is maintaining its investments in the long-term development of Haiti and the well-being of its population.

B. Track 1B

31. As set out in the first report on the new approach, the persistence of cholera in Haiti is due primarily to underlying infrastructural causes: the lack of household access to clean water and appropriate sanitation facilities (only 58 per cent of Haitians have access to safe water and only 28 per cent have access to toilets — the worst rates in the western hemisphere). Sound water, sanitation and health systems are the best long-term defence against cholera (and other waterborne diseases) and, in that connection, the Secretary-General is pleased that the new President of Haiti, Jovenel Moïse, has indicated that the establishment of adequate water and sanitation infrastructure throughout the country is one of his priorities.

32. Track 1B involves the United Nations working with the Government of Haiti to galvanize support to improve water and sanitation systems. This requires a multi-stakeholder effort led by local and national authorities, civil society and businesses. Support is being provided by the World Bank, the Inter-American Development Bank, foundations, several development partners (including Spain, Switzerland and the United States of America), many non-governmental

organizations and private donors. A consortium to support sanitation in developing countries was established at the World Economic Forum on 18 January 2017. Among other initiatives, it will encourage international actors to come together in support of Haitian efforts to improve water and sanitation systems.

33. The objective of Track 1B is to catalyse action through the aforementioned multi-stakeholder effort to provide all Haitians with access to clean water and functioning toilets by 2030.

34. A number of entities are already supporting efforts, led by the central government entities responsible for water and for health, namely the National Directorate for Water Supply and Sanitation and the Ministry for Public Health and Population, respectively, to ensure that everyone can have access to water and sanitation for health in Haiti. The concept is for many actors to commit themselves to working in synergy, building on and consolidating existing work and coordination structures through a multi-year effort culminating in 2030.

35. An in-country water and sanitation consortium has been established, consisting of Governments, United Nations entities, NGOs and private sector groups and donors. The members are engaged in water and sanitation initiatives through their individual mandates, but have committed themselves to working collectively under the auspices of the new approach, signalling the importance of prioritizing and strengthening water and sanitation efforts in Haiti. The combined efforts of the consortium will serve to streamline international and national efforts, establish a common foundation for planning, taking and decentralizing action, build capacity at the central, departmental and communal levels of government, and monitor collective work and results. This will contribute overall to reinforcing national prioritization and stewardship for improving access to water and sanitation in Haiti.

36. UNICEF is working with the National Directorate for Water Supply and Sanitation and the mayors of the eight type A communes to prepare specific action plans on water and sanitation for health for the most cholera-exposed neighbourhoods. A road map is expected to be ready by mid-2017 for four communes and by the final quarter of 2017 for the other four. This is intended to help stakeholders involved in cholera control and prevention to coordinate their efforts and increase protection in the areas in which cholera is the most persistent.

37. The Inter-American Development Bank is involved in ongoing water and sanitation projects and is preparing two new programmes with the Government of Haiti to support water supply development in Port-au-Prince and solid waste management in Cap-Haïtien.

38. Funding modalities for Track 1B remain to be established, in consultation with all relevant stakeholders, including the World Bank and the Inter-American Development Bank. The World Bank has focused on the small towns and rural areas most affected by cholera, committing $50 million for water and sanitation projects in 2015-2016 and a further $20 million in 2017. The Inter-American Development Bank has committed more than $95 million for water and sanitation projects in Haiti over the past six years, with an additional $62 million planned for 2017 for Port-au-Prince and $25 million for solid waste management in Cap-Haïtien. Switzerland is planning a contribution of $30 million and the United States Agency for International Development has pledged $10 million. Spain co-financed the work of the Inter-American Development Bank in Haiti for several years, but that project has now come to an end. PAHO/WHO has shown strong interest in engaging in the efforts under Track 1B. UNICEF has received Can$20 million from Canada and $3 million from Japan for longer-term water and sanitation improvements in eight communes in the Centre and Artibonite departments. UNICEF also received

$500,000 from the Fund for International Development of the Organization of the Petroleum Exporting Countries.

39. Following Hurricane Matthew, the World Bank mobilized an additional $100 million for transport infrastructure; agriculture; water and sanitation (the $20 million mentioned in paragraph 38); and health, including hospital and clinic repair ($25 million). The water and sanitation work is likely to include a countrywide baseline survey of access to clean water. It is understood that the World Bank proposes to give $4.2 million to the Government of Haiti and UNICEF for the rapid response teams.

IV. New approach: Track 2

40. Track 2 is defined as a package of material assistance and support for those Haitians most directly affected by cholera in Haiti. It is the tangible expression of the Organization's recognition and acknowledgement of the suffering of the people of Haiti owing to the cholera outbreak. As set out in the first report (A/71/620), it is aimed at providing a meaningful response to the impact of cholera on individuals, families and communities.

41. The preliminary consultations referred to in the first report have continued. In January 2017, the Senior Adviser on the impact of cholera in Haiti met the United Nations country team, representatives of the transitional government and NGOs, and visited Mirebalais. However, consultations between the United Nations and victims, their families and communities have not begun. As stated in the first report, consultations on Track 2 cannot begin without an adequate amount of assured funding, which is not yet in place.

42. In the interim, and to maintain momentum on Track 2, the Secretary-General proposes to proceed with one or more symbolic community projects in Mirebalais, where the cholera outbreak began and which remains one of the eight cholera "hotspots". On the basis of its experience working with communities and promoting local development in Haiti, the UNDP country office in Haiti submitted a project proposal to the United Nations Haiti Cholera Response Multi-Partner Trust Fund, seeking $500,000 for community projects and related activities. The Chair, in consultation with the Advisory Committee of the Trust Fund, approved the project proposal for funding at its first meeting, held on 20 April 2017.

43. The Mirebalais proposal will have three main components: (a) consultations with victims, their families and communities, local representatives, formal and informal leaders and vulnerable groups in Mirebalais with regard to their views on the short-term, medium-term and long-term well-being of their communities and on project selection and prioritization; (b) the implementation of community projects in Mirebalais identified and selected by the communities during the consultations and that meet certain selection criteria consistent with the new approach; and (c) the mapping of key implementing actors in the 18 worst-affected communes in Haiti.

44. The proposed selection criteria will take into consideration the benefits to be provided to those households most directly affected by cholera; complementarity with Track 1 activities; sustainability; alignment with local development plans; the inclusion of vulnerable groups, including women and young people; existing local implementation capacity; the expected impact; and cost-benefit analysis. The aim of the projects will be to alleviate the suffering caused by cholera and strengthen capacity to address proactively and sustainably the conditions that increase cholera risk, in particular chronic poverty, weak sanitation infrastructure, limited access to clean water, poor housing conditions and lack of basic health services.

45. Sustainability will be particularly important as experience has shown that projects run the risk of having little impact if they are not linked with larger regional and national development frameworks. The UNDP country office in Haiti will work to ensure that, to the extent possible, the projects are linked to local development plans (and help to define simple plans where they do not exist) and implemented by existing local organizations or NGOs present in the affected areas. This is key to ensure the sustainability of the projects. None of the four communal sections in the commune of Mirebalais has a local development plan; Mirebalais has a communal development plan, which will be updated.

46. The potential Mirebalais projects might be clustered into three main groups: (a) small community infrastructure (such as cholera elimination measures, including filtration systems, local-level sewage and other initiatives complementary to Track 1, environmental rehabilitation, including waste management and risk reduction, repair of secondary roads, and upgrading of community centres that support behavioural change and other benefits to women and young people); (b) basic services (such as education, including improvements to schools and the provision of equipment and student grants, and health care, including improvements to clinics), the provision of equipment and supplies, staff training and health grants, and access to electricity; and (c) livelihoods, employment and income-generating activities, including productive community infrastructure, vocational training, the provision of tools and equipment, support to micro-, small and medium-sized enterprises, with a particular focus on empowering women and youth entrepreneurs, and assistance to cooperatives and similar associations. The projects would aim to benefit the whole community, while prioritizing benefits for those most directly affected by cholera.

47. The UNDP country office in Haiti will work with the Haitian authorities, the Resident Coordinator and Humanitarian Coordinator and the rest of the United Nations country team and with selected implementing partners. To the greatest extent possible, the implementing partners will be organizations already present in the affected communities. They will be involved with the UNDP country office in Haiti in the consultations and thereafter propose a list of costed initiatives or projects that will include workplans, expected outcomes, outputs, activities, budget and a risk assessment with mitigation measures. It is anticipated that the projects will be carried out over a six-month period in 2017.

48. The mapping component will result in a database and visual maps, which would provide a comprehensive picture of the role and participation of key implementing actors in the 18 cholera priority communes. This will contribute to the improved coordination of cholera elimination efforts in those communes and prepare the ground for community projects elsewhere, if and when funding becomes available.

49. As contemplated in the first report (A/71/620, para. 42), under a community approach, the over 800,000 individuals who had contracted cholera and recovered and the families of the more than 9,000 individuals who had died from cholera and their affected communities would receive material assistance and support through community projects focused on addressing and alleviating the suffering caused by cholera at the community level and strengthening community capacity to address proactively and sustainably the conditions that increase cholera risk, in particular poverty, poor housing conditions, lack of basic services and lack of awareness, and use, of hygiene and public health practices.

50. The types of community projects envisaged under a community approach were outlined in some detail in the first report (A/71/620, paras. 42-52) and priority would be given to those projects that would contribute to Track 1 outcomes with regard to cholera control and elimination.

51. Reference was made in the first report to the consideration of an individual approach with regard to the families of those individuals who had died of cholera, and to some of the challenges and risks of such an approach (A/71/620, paras. 54-59).

52. To address the limitations of the data on cholera deaths that were described in the earlier report (A/71/620), it would be necessary to conduct community mapping and registration exercises to attempt to identify those who had died of cholera and their families. This could be done in several phases: a humanitarian assessment survey to establish a baseline of the number of individuals who had died of cholera in each affected community since 2010, followed by the registration of potentially eligible households and validation of their eligibility. A further verification exercise in order to verify the eligibility of the registered households would be required to safeguard against potential irregularities given the limitations of the records that could be used to cross-reference the results of the community mapping and registration exercises. The outcomes of these exercises would themselves necessarily be imperfect. It is estimated that such mapping, registration and validation exercises could take up to eight months and cost some $4.5 million.

53. During the preliminary consultations, many interlocutors expressed concern that an individual approach could be perceived as favouring some victims over others (the households of those individuals who had died from cholera over the much greater numbers of individuals who had contracted cholera and recovered), create negative incentives, cause tensions and divisions within communities and possibly lead to violence within communities.

54. In the event that an individual approach was contemplated, firm assurance of adequate funding to cover the cost of the mapping, registration and verification exercises and a meaningful fixed amount per cholera death would be required. This is currently not the case and the views expressed by potential donors and operational partners indicate that this approach is most unlikely to be supported.

55. To implement Track 2 community projects, it is estimated that $200 million would be required over two years.

V. Structural arrangements

56. Delivering on the new approach will require dedicated support for the Deputy Special Representative of the Secretary-General, who is also the Resident Coordinator and Humanitarian Coordinator, to enable him to coordinate and promote the new approach. It is proposed that this support be resourced within the Secretariat's existing capacity.

57. The ongoing oversight of the new approach would continue to reside with the Deputy Secretary-General.

VI. Timeline for implementation

58. The implementation of Track 1A is expected to be completed by the end of 2018 and the conclusion of Track 1B is projected for 2030.

59. The estimated timeline for the implementation of Track 2 is two years from the date when consultations with victims, their families and communities begin. As indicated above, those consultations cannot begin without an assurance of adequate funding for Track 2.

VII. Voluntary contributions

60. The United Nations Haiti Cholera Response Multi-Partner Trust Fund has been established to provide a rapid, flexible and accountable platform to support a coordinated response, addressing both immediate and long-term needs, from the United Nations system and partners, with the ultimate aim of eliminating cholera from Haiti and creating resilience for Haitians. The Fund can receive donations from Governments, and NGOs and private donors and can disburse funds to local actors, United Nations entities and international NGOs, with appropriate financial transparency and oversight. The Trust Fund is led by the Chair and Alternate Chair of the Advisory Committee of the Fund. They are supported by the Advisory Committee, consisting of representatives of United Nations agencies and contributing Member States (Chile, France, Republic of Korea and United Kingdom of Great Britain and Northern Ireland). The Government of Haiti, represented by the Permanent Representative to the United Nations in New York, was invited to join the Advisory Committee as an observer. The Chair and Alternate Chair, in consultation with the Advisory Committee, coordinate the funding priorities and approve proposals submitted by United Nations entities and implementing partners.

61. As at 20 April 2017, the Trust Fund had received commitments totalling $2,666,746 from seven Member States: Chile, France, India, Liechtenstein, Republic of Korea, Sri Lanka and United Kingdom. A further $17,091 had been received from United Nations staff members and private donors through the United Nations Foundation.

62. As set out above, the Chair, in consultation with the Advisory Committee, approved funding from the Trust Fund for three project proposals from UNICEF, PAHO/WHO and UNDP relating to Tracks 1A and 2, in a total amount of $2.5 million.

63. Outside the Fund, Canada has committed Can$6 million (some $4.6 million) and Japan has committed ¥300 million (some $2.6 million) for Track 1A.

64. It is indicated in the first report of the Secretary-General (A/71/620) that the new approach is premised on the assumption that sufficient voluntary funding will be made available to deliver on Track 2 without detracting from Track 1. However, the possibility that the Secretary-General may need to propose a multi-funded approach was not excluded.

65. Notwithstanding the Organization's efforts to seek voluntary contributions for the new approach, to date the amount received is insufficient to cover the estimated costs of either Track 1A or Track 2 for the period 2017-2018.

66. The Office of the Secretary-General gave a briefing to the General Assembly on the new approach and the response to Hurricane Matthew in October 2016, in addition to a series of informal briefings to Member States interested in knowing more about the implementation and financing of the new approach. Two briefings were provided on the establishment and operation of the Trust Fund. Officials from the Secretariat held numerous meetings with permanent representatives of individual Member States in New York to explore their interest in offering voluntary contributions for this work and to answer their questions on the implementation of the new approach. Visits were conducted to the capitals of eight Member States and the headquarters of the European Commission with the express purpose of encouraging financial contributions for the two tracks. This direct resource mobilization effort was supported by dialogue with diplomats in Port-au-Prince and by media briefings to explain the new approach and the level of finance being sought. During these discussions, representatives of individual Member States gave

their views on action that the Secretariat might take if the resources through voluntary contributions were lower than the amount deemed necessary for the success of the new approach. At the time of writing, the voluntary contributions received are around 2 per cent of what had been sought.

67. In a renewed effort to raise voluntary contributions for the new approach, the Secretary-General wrote to all Member States on 21 February 2017, asking them to share their intentions concerning voluntary contributions for the new approach by 6 March. At the time of writing, several Member States had responded to the letter and some additional voluntary contributions are anticipated.

68. The Secretary-General has decided to appoint a high-level envoy to develop a comprehensive fundraising strategy to seek additional voluntary contributions from Member States and other sources, and invites individual Member States to consider providing further voluntary financial and other appropriate support to the new approach. The high-level envoy would be funded from voluntary contributions.

69. The Secretary-General also invites individual Member States to consider voluntarily waiving the return of the 2015/16 unencumbered balances and credits from miscellaneous income and adjustments from MINUSTAH, which total some $40.5 million, and instead direct them to the Trust Fund to support the new approach.

70. It remains the case that the possibility that the Secretary-General may need to propose a multi-funded approach cannot be excluded.

71. The Secretary-General further urges Member States to accelerate their provision of support to the new Government of Haiti for the implementation of the 2030 Agenda for Sustainable Development, in line with the Government's priorities and the Paris Agreement.

VIII. Reporting

72. It is proposed that the Secretary-General submit a further report to the General Assembly on the new approach for consideration at its seventy-second session.

IX. Action requested of the General Assembly

73. **The Secretary-General requests the General Assembly:**

(a) **To take note of the present report;**

(b) **To consider inviting individual Member States to provide further voluntary financial and other appropriate support for the new approach;**

(c) **To consider inviting individual Member States to consider voluntarily waiving the return of the 2015/16 unencumbered balances and credits from miscellaneous income and adjustments from MINUSTAH and instead direct them to the United Nations Haiti Cholera Response Multi-Partner Trust Fund.**